

Massachusetts Registry of Motor Vehicles (RMV) Title Division Complaint Form



Use this Form to report a lienholder's violation of Chapter 243 of the Acts of 2004, for failure to release a lien and Title upon full payment in satisfaction of the security interest. (Must be released within three (3) days after demand and, in any event, within ten (10) days and forwarded to the dealer, insurer, or vehicle owner.)

Make	1. Vehicle Description:			
2. To be Completed by a Dealer or Insurer Who Acquired the Vehicle with an Outstanding Loan: Dealership/Insurer Name	Make Model Year	Title No State of Issue		
Dealership/Insurer Name	Vehicle ID No////////	_////		
Street Address	2. To be Completed by a Dealer or Insurer Who Acquired the Vehicle with an Outstanding Loan:			
City/Town	Dealership/Insurer Name	Tel No		
3. To be Completed by the Vehicle Owner Who Made Final Payment on the Loan: Name of Vehicle Owner	Street Address	Mail Address:		
3. To be Completed by the Vehicle Owner Who Made Final Payment on the Loan: Name of Vehicle Owner	City/Town	State Zip Code		
Name of Vehicle Owner	Contact Person			
Street Address	3. To be Completed by the Vehicle Owner Who Made Final Payment on the Loan:			
A Lienholder Information: Name of Lienholder	Name of Vehicle Owner	Tel No		
4. Lienholder Information: Name of Lienholder	Street Address	Mail Address:		
Name of Lienholder	City/Town	State Zip Code		
Street Address	4. Lienholder Information:			
City/Town	Name of Lienholder	Tel No		
Contact Person	Street Address	Mail Address:		
5. Payoff Information: a) Amount tendered as payment-in-full \$ b) Was this the total amount owed? Yes No c) Date payment sent d) Did you request delivery of Title? Yes No e) Method of Payment Used (Check one only):	City/Town	State Zip Code		
a) Amount tendered as payment-in-full \$	Contact Person	Account No		
b) Was this the total amount owed? YesNo c) Date payment sent d) Did you request delivery of Title? YesNo e) Method of Payment Used (Check one only):	5. Payoff Information:			
c) Date payment sent	a) Amount tendered as payment-in-full \$			
d) Did you request delivery of Title? Yes No e) Method of Payment Used (Check one only):	b) Was this the total amount owed? YesNo			
e) Method of Payment Used (Check one only): Cash Teller's check Certified check Cashier's check Intra-bank or inter-bank transfer of funds Electronic transfer of funds Other f) Address Where Payment Sent (If different from #4 above): g) Payment Delivery Information (If payment was not made electronically. Check one only):	c) Date payment sent			
☐ Intra-bank or inter-bank transfer of funds ☐ Electronic transfer of funds ☐ Other f) Address Where Payment Sent (If different from #4 above): g) Payment Delivery Information (If payment was not made electronically. Check one only):	d) Did you request delivery of Title? Yes No			
f) Address Where Payment Sent (If different from #4 above): g) Payment Delivery Information (If payment was not made electronically. Check one only):	e) Method of Payment Used (Check one only):	eller's check		
g) Payment Delivery Information (If payment was <u>not</u> made electronically. Check one only):	☐ Intra-bank or inter-bank transfer of funds ☐ Electronic tran	nsfer of funds		
	f) Address Where Payment Sent (If different from #4 above):			
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☐ Overnight delivery by private carrier (e.g. DHL, FedEx, UPS, etc):				

h) Have you had any contact with the lienholder since you sent the payment? Yes No			
If yes, and the contact was by mail, please provide a copy of any letter, fax, e-mail or form sent or received. If the contact was by telephone, please describe the number called (if by you), whom you spoke with, the date(s) of the conservation, the substance of the conversation, and any followup action you or the lienholder may have taken as a result of that contact. Please include as much detail as possible.			
i) Have you received the released Title as of the date of this Complaint? YesNo Date of Receipt			
If available, please include a photocopy of any letter or form you sent to the lienholder with the original payment and a copy of the original form of payment (check) if not paid electronically, and copies of the documents listed in 5. h) to or from the lienholder, and a copy of the title if receceived.			
Your Printed Name	Your Signature	Today's Date	

Thank you. Please return the completed Complaint Form and photocopied documents to:

Director, Title Division Registry of Motor Vehicles P.O. Box 199136 Boston, MA 02119-9136